Swiss Days

3 on 3 Basketball Tournament

Saturday, July 29, 2023

South Adams Middle/Elementary School Gym

Games will start at 10:00 am

*****Registration will close at 9:45 Saturday. July 29**

Divisions: Need to have at least 4 teams per division. Boys and girls be combined in each division:

Elementary division, grades 3-5 (boys and girls divisions)

Middle School division, grades 6-8 (boys and girls divisions)

HS division, grades 9-12 (boys and girls divisions)

Adult division, college and up (men and women divisions)

**** Teams of 4 (3 play at a time).**

**** $60 per Team (checks made out to South Adams Boys Basketball)**

**** Double elimination tournament**

**** Guaranteed 2 games**

**** Games are to 21 pts. (2's & 3's) win by 1 or 25 minutes.**

**** Prize of winners of each division.**

**** Walk-up teams may be accepted if there is enough room until 9:45 AM day of the tournament**

**** Mandatory rules meeting for all teams at 10 AM**

**** No concessions will be available. Bring own snacks/drinks.**

**** Registration form on the back. Please send in form and $60 to reserve your spot!**

Registration Form

Please return with $60 payment made out to SA Boys Basketball by Monday, July 24, 2023 to:

South Adams High School

c/o Garrett Krieg

1000 Parkway Dr., Berne, IN 46711

OR e-mail form to:
gkrieg@southadams.k12.in.us

Team:

Name_____

Team Members:

1. Name_____
_Age_____ Grade___

2. Name_____
_Age_____ Grade___

3. Name_____
_Age_____ Grade___

4. Name_____
_Age_____ Grade___

I, the undersigned participant, on behalf of myself and my heirs, hereby agree to indemnify, save and hold harmless South Adams schools, as well as any of their agents, representative, employees or other involved for my health, safety and any injury and/or disability arising out of or resulting from this voluntary activity in which I am participating.

I hereby represent that I have no physical restrictions that would prohibit my participation in the volunteer activity in which I am participating. I understand the South Adams Schools does not provide workers comp nor liability insurance for me while I am participating. By placing my signature below, I acknowledge I have read this agreement, and I understand and voluntarily agree to terms and conditions, which shall be binding upon the heirs, administrators, executors and assigns of the undersigned.

1st Participant_____

Date_____

Signature of
Parent/Guardian_____
_Date_____

2nd Participant_____

Date_____

Signature of
Parent/Guardian_____
Date_____

3rd Participant_____

Date_____

Signature of
Parent/Guardian_____
Date_____

4th Participant_____

Date_____

Signature of
Parent/Guardian_____
Date_____

Contact information for Team Captain:

Name_____

Phone _____

e-mail _____